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and a higher percentage TBSA burned also corresponded to significantly higher costs. **CONCLUSIONS:** Mean total costs of burn care in the first three months post injury were estimated at €24,246 and depended on age, etiology and TBSA. Mean total costs in our population probably apply for other high-income countries as well, although we should realize that patients with burn injuries are diverse and represent a broad range of total costs. To reduce costs of burn care, future intervention studies should focus on reducing length of stay and enabling an early return to work.

**PSS19**

**THE COST OF BLINDNESS IN THE REPUBLIC OF IRELAND 2010-2020**

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**OBJECTIVES:** Aims The aim of this study is to estimate the prevalence of blindness in the Republic of Ireland and estimate the financial and economic cost of blindness between 2010 and 2020. **METHODS:** The prevalence of blindness was based on the National Council for the Blind of Ireland blind register and adjusted for under registration found in previous literature. The financial cost of blindness was based on the sum of total direct and indirect health care costs (direct health care costs due to blindness, cost of depression due to blindness, cost of injurious falls due to blindness) and non-health care costs (productivity losses, informal care and deadweight welfare loss). Where possible, methods adopted reflect those used elsewhere in the literature. **RESULTS:** The total financial cost of blindness in the ROI is estimated to have been €276. million in 2010. This is projected to increase by 32.6% to €367 million in 2020 if current trends in disease burden continue. The total economic cost of blindness in the ROI is estimated to be €809 million in 2010 and is predicted to increase to over €1.1 billion in 2020 based on current trends. **CONCLUSIONS:** A significant proportion of blindness can be avoided through the implementation of existing technologies by the health service. However a significant portion (98.04%) of the burden of illness falls beyond the health service (primarily to the Department of Social Protection and the Department of Finance) and may serve to reducethe priority of policies aimed at avoiding blindness that might otherwise be received.

**PSS20**

**COST-OF-ILLNESS STUDY OF SENILE CATARACT IN THE CZECH REPUBLIC**

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Cost-of-illness study of senile cataract in the Czech RepublicIlona Kruntorádová, Klára Kruntorádová, Vladimír Rogalewicz, Miroslav Barták. **OBJECTIVES:** In the Czech Republic, 7% of patients with senile cataract are indicated for surgery each year, which means ten thousand of interventions annually. The aim of this study is to quantify direct costs in relation to the implanted intraocular lens type from both the public health insurance perspective and the patient's perspective. The senile cataract surgery with monofocal IOL is covered by public health insurance. **METHODS:** Direct costs were calculated through a panel of experts that provided expert opinions, taking into account consumption of paid medical services provided to patients. The panel consisted of 6 experts (4 physicians from eye clinics, 2 physicians from outpatient departments). Patient´s costs were obtained through a patient questionnaire asking the direct (out-of-pocket) expenses associated with the cataract. The study covered a cohort of 200 patients with senile cataract in non-productive age (65+). Data were collected from 4 clinics performing cataract surgery. **RESULTS:** The structure of direct costs associated with senile cataract, its surgery, and treatment of possible complications has been specified. Direct costs of senile cataract surgery from the perspective of public health insurance are CZK24900 (»EUR907) per person. Patient´s direct costs are lower for monofocal lenses than for multifocal ones. Patients' costs for an IOL and the related treatment reach up to CZK35000 (»EUR1275), out of pocket expenses after treatment average out at CZK4450 (»EUR162). **CONCLUSIONS:** Due to absence of laws governing medical care premium services and the age of patients, monofocal IOLs are implanted predominantly. As a consequence, up to CZK 30 million (»EUR 1 1 million) are saved on the public health insurance budget annually. Patients´ expenses for implanting multifocal lenses are offset by savings due to unrealized spending for eyeglasses and related medical care in the course of time.

**PSS21**

**COSTS OF DENTAL OUTPATIENT CARE – RESOURCE USE DIFFERENTIALS ACROSS CLINICAL DENTISTRY BRANCHES**

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**OBJECTIVES:** Dental medical care bears particular financial burden for Eastern European transitional economies due to its lack of insurance coverage in most countries of the region and almost complete out-of-pocket payments by citizens. This study estimates real costs of these services in the field and describe resource use patterns and differentials across clinical dentistry branches, ICD-10 diagnostic groups, and across particular medical services. **METHODS:** In a case-series design prospective cost-comparison study has been conducted from the perspective of the patient. Sample size was 752 complete episodes of treatment, selected randomly in 2012/2013 throughout an array of several specialist state-owned (university associated) and private-owned dental clinics in upper-middle income Serbia. All direct medical costs of dental care were taken into account. Costs were expressed in national currency Republican Serbian Dinar (RSD). **RESULTS:** Mean total direct medical costs of dental care were 5,018.96±17,109.61RSD per single dentist visit while total costs incurred by this population sample were 3,774,256RSD. Highest unit utilization of services belongs to conservative dentistry (31.9%), oral surgery (19.5%) and radiology (17.4%), while highest value based turnover belongs to implantology 90,765.33±43,012.31RSD, orthodontics 77,361.82±73,123.92RSD and prosthetics 60873.89±26788.87RSD. Most frequently treated diagnosis was tooth decay (33.8% unit services provided), pulpitis (11.2%) and impacted teeth (8.5%), while most expensive to treat were anomalies of tooth position (70,998.33±73122.73RSD), abnormalities of size and form of teeth (55,662.50±77,304.45RSD) and loss of teeth due to accident, extraction or local periodontal disease (36,835.35±37,128.28RSD). **CONCLUSIONS:** Although range of dental medical costs currently falls behind EU average, Serbia's emerging economy is likely to expand in the long run while market demand for dental services will grow. Due to threatened financial sustainability of current health insurance patterns in Eastern Europe, getting acquainted with true size and structure of dental care costs might essentially support informed decision making in future.

**PSS22**

**COST-EFFECTIVENESS ANALYSIS OF USTEKINUMAB COMPARED WITH ETANERCEPT FOR THE TREATMENT OF MODERATE TO SEVERE PSORIASIS IN COSTA RICA**

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**OBJECTIVES:** To assess the cost-effectiveness of Ustekinumab (UST) compared with Etanercept (ETN) in Costa Rica, in patients with Moderate to Severe Psoriasis. **METHODS:** A cohort simulation Markov Model was developed based on response rates for UST and ETN [Psoriasis Area Severity Index (PASI) ]. The time frame was 10 years. The perspective was that of the Public System of Health of Costa Rica. The health outcome of interest was Quality Adjusted Life Years (QALYs). Efficacy data was taken from the ACCEPT clinical trial; this phase III clinical trial directly compares UST and ETN, what strongly supports the efficacy data that is used in the model. Utilities for health states were taken from published studies. The base year was 2013. All costs are presented in Costa Rican currency (Colones – CRC). Costs and outcomes were discounted at 3.5%. Probabilistic sensitivity analysis (PSA) was conducted to assess uncertainty around the parameters. **RESULTS:** UST resulted in 3.85 QALYs and ETN in 3.58, per patient, respectively. Mean total costs per patient were: CRC 8.441.031 for UST and CRC 5.401.222 for ETN. UST resulted both more costly and more effective than ETN. The Incremental Cost Effectiveness Ratio comparing UST and ETN was 11.142.470 per QALY Gained. According to the classification of the World Health Organization (WHO), the acceptable threshold for QALY Gained for Costa Rica is CRC 14.140.792 (3 times the Gross Domestic Product per capita). The results of the probabilistic sensitivity analysis showed that, at the threshold suggested by the WHO, the probability of UST of being cost effective, compared with ETN is around 70%. **CONCLUSIONS:** UST can be considered cost effective when compared to ETN, according to the threshold suggested by the WHO, in patients with moderate to severe Psoriasis, from the perspective of the Public System of Health of Costa Rica.

**PSS23**

**COST-EFFECTIVENESS OF RANIBIZUMAB ON PATIENTS WITH DIFFUSE DIABETIC MACULAR EDEMA WITHIN THE PUBLIC MEXICAN HEALTH CARE SYSTEM**

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**OBJECTIVES:** To perform a cost-effectiveness analysis of Ranibizumab plus laser photocoagulation vs monotherapy with laser photocoagulation in patients with diffuse Diabetic Macular Edema (DME). **METHODS:** A Markov model was designed to analyze laser Photocoagulation vs laser Photocoagulation plus Ranibizumab. Transition probabilities were obtained from RESTORE. The base patient was a diabetic with 53 years presenting DME, according to Mexican context. General mortality rates were elicited locally from CONAPO*. A panel Delphi was performed to get use of resources locally. The time horizon was 5, 7, and 10 (lifetime) years according to life expectancy from ENSANUT** 2013, discount rate 5%. The outcome was life years without visual impairment. The cost values were from Guidelines for the Exchange of Services in the Health Sector. Probabilistic sensitivity analysis (PSA) was performed using Monte Carlo technique. **RESULTS:** Incremental Cost Effectiveness Ratios of the combination versus the monotherapy were: $5,019.57, $2,375.62 and $622.67 USD per life year without visual impairment in a time horizon of 5, 7 years and lifetime. Cost effectiveness curve showed Ranibizumab be a cost effective option at 98.7% vs monotherapy before reaching the GDP per capita. **CONCLUSIONS:** Ranibizumab demonstrated to be a more cost-effectiveness alternative than monotherapy with laser photocoagulation. These results show the possibility of achieving potential clinical benefit with Ranibizumab in patients suffering from loss of vision. *CONAPO National Council of Population **ENSANUT National Health and Nutrition Survey

**PSS24**

**MODELED OUTCOMES AND OVERALL COSTS OF THE 13-VALENT PNEUMOCOCCAL CONJUGATE VACCINE IN THE TUNISIAN NATIONAL VACCINATION PROGRAM**

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**OBJECTIVES:** Like other North African countries, Tunisia has a substantial burden of pneumococcal disease, with high resistance to antibiotics. The Tunisian population remains largely unprotected in the absence of a national immunization program (NIP). **METHODS:** A decision-analytic model was developed to evaluate the potential outcomes and costs of the PCV13-based NIP compared to no vaccination. The model estimates bacteremia and meningitis (jointly IPD), all-cause community acquired pneumonia (CAP), and all-cause otitis media (OM). The demographics and disease